Event Details

PeopleSoft Strategic Sourcing

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| Event ID | Format | Туре | Page |
| 34301-0000010944 | Sell | RFx | 1 |
| Event Round | Version | | |
| 1 | 1 | | |
| Event Name | | | |
| 34301-Cribs for Ki | ds | | |
| Start Time | | Finish Time | |
| 03/04/2019 11:00:0 | 0 CST | 03/20/2019 14:00:00 CDT | |

Event Currency: US Dollar **Bids allowed in other currency:** No

Bidder: PUBLIC EVENT DETAILS

Submit To: Health

Contact:

Phone:

Email:

Call for Shipping Information

United States Tara Roark 615/532-1837

Tara.Roark@tn.gov

Event Description

To establish a multi-year contract for the Infant Mortality Program, in which cribs and sheets are given to all newborns within the State of Tennessee.

Specifications and terms & conditions are attached.

Agency Contact: Karen.Olive@tn.gov

Procurement Contact: Tara.Roark@tn.gov 615-532-1837

READ THE ENTIRE BID, including the Event Details, Specifications, and Terms and Conditions and any other attachments.

If the Review and bid on this event link included in the e-mail notification does not work, please go to

https://sso.edison.tn.gov/psp/paprd/SUPPLIER/SUPP/h/?tab=PAPP_GUEST Log in with your vendor ID and password in order to search bid opportunities.

NOTE: Need help with EDISON? Call the Edison HELP Desk at 866-376-0104 or 615-741-4357

Please do not wait until the last day to POST YOUR BID. The Edison system will sign you out after 30 minutes of inactivity. Your password expires EVERY 90 DAYS. It is the responsibility of the Edison User (bidder/vendor) to maintain their own profile information (Email address, phone numbers, address or contacts) and to continue to keep it current by logging into the Supplier Portal and making changes as needed.

Supplier Portal link: https://sso.edison.tn.gov/oaam_server/oamLoginPage.jsp (Maintain supplier information)

Central Procurement Office Website:

http://www.tn.gov/generalservices/section/central-procurement-office

The website is constantly being updated with information to assist the agencies and vendors; you are encouraged to visit the website frequently.

General Comments

- 34301 Cribs for Kids. This is a Multi-year contract, 3 years with 2 options for the Department of Health.

General Questions

Question UOM Best Worst Response

I (we) agree to strictly abide by all the statutes and terms contained in the rules of the Department of General Services, Central Procurement Office, which are by reference made a part hereof, in addition to the special terms, conditions and specifications embodied in the invitation to bid.

IMPORTANT: By Selecting YES, the bidder certifies compliance with the above and further certifies that this bid is made without collusion or fraud.

Required: Yes Mandatory Response:Yes

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Event Currency: US Dollar Bids allowed in other currency: No

Required: Yes Mandatory Response No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Health

Call for Shipping Information United States

Tara Roark

Contact: Phone: 615/532-1837 Email: Tara.Roark@tn.gov

| Daamanaa Camm | te | | | | |
|---|--|-------------------|-----------------|-----------------------------|--------------------------------|
| Response Comm | ients | | | | |
| Question | | UOM | Best | Worst | Response |
| Please enter the numb will expire from the bid | er of days that your bid offer opening date: | | | | |
| Required: Yes Ma | ndatory ResponseNo | | | | |
| Response Comm | nents | | | | |
| | | | | | |
| Associated Terms: | Bid Offer Expiration Enter the expiration date of you | ur bid offer in t | he space provic | led on this Invitation to E | 3id. A minimum period of |
| | thirty (30) days from the bid clo | sing date is re | equested. The s | state shall have sixty (60 |)) days to accept the bid if a |
| | minimum period is not stated. | | | | |
| What is the Brand/Mod | , c | | | | |
| · | ndatory ResponseNo | | | | |
| Response Comm | nents | | | | |
| | | | | | |
| required by the Iran Div 12-12-111: "By submiss Respondent and each Respondent certifies, a response each party th organization, under per best of its knowledge a is not on the list create § 12-12-106." For refer currently available onlin https://www.tn.gov/gen | s the following statement, as restment Act Tenn. Code Ann. § sion of this response, each person signing on behalf of any nd in the case of a joint ereto certifies as to its own halty of perjury, that to the nd belief that each Respondent d pursuant to Tenn. Code Ann. ence purposes, the list is ne at: eralservices/procurement/central-p-/library-/public-information-li | | Yes | | |
| brary.ntmi | | | res | | |

PeopleSoft Strategic Sourcing

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| Start Time | | Finish Time | |
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US Dollar **Event Currency:** Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Health

Call for Shipping Information

United States Tara Roark

Contact: Phone: 615/532-1837 Email: Tara.Roark@tn.gov

| Question | UOM | Best | Worst | Response |
|--|-----|------|-------|----------|
| How many days after receipt of purchase order will it take you to deliver this item? | | | | |
| Required: Yes Mandatory ResponseNo | | | | |
| Response Comments | | | | |
| | | | | |
| Please list the following information: | | | | |
| List the Contract Administrator's Name | | | | |
| List the Contract Administrator's Address | | | | |
| List the Contract Administrator's Phone Number | | | | |
| List the Respondent's Toll Free Phone Number | | | | |
| List the Contract Administrator's Pager or Cell Number | | | | |
| List the Contract Administrator's Email Address | | | | |
| List the Respondent's Website | | | | |
| Required: Yes Mandatory ResponseNo | | | | |
| Response Comments | | | | |

Please answer yes or no to the following. If "yes", describe using additional pages and attach to the Response including any relevant details:

- (a) is the Respondent presently debarred, suspended, proposed for debarment , or voluntarily excluded from covered transactions by any federal or state department or agency;
- (b) has the Respondent within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) is the Respondent presently indicted or otherwise

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| Event Round | Version | KrX | 4 | Submit To: | Health | |
| Event Name 34301-Cribs for Kid Start Time | 1 s | Finish Time | | Contact: Phone: | Call for Shipping Information United States Tara Roark 615/532-1837 | |
| 03/04/2019 11:00:00 | CST | 03/20/2019 14:00:00 | CDT | Email: | Tara.Roark@tn.gov | |
| Event Currency: Bids allowed in other | Currency: N | S Dollar o | | | | |
| criminally or civilly char (federal, state, or local) the offenses detailed al | with commissi | rnment entity on of any of | | | | |
| (d) has the Responden preceding the contract transactions (federal, scause or default. | had one or mo | re public | | | | |
| Required: Yes Mai | ndatory Resno | | | | | |
| Response Comn | | 130140 | | | | |
| Nosponos Comm | 101110 | | | | | |
| | | | | | | |
| List the Return Goods I | Policy: | | | | | |
| Required: Yes Mai | ndatory Respon | nseNo | | | | |
| Response Comn | nents | | | | | |
| | | | | | | |
| Associated Terms: | Return God All costs as expense of | sociated with the return | of goods for repundess otherwis | pair and/or replace e specified. The | cement under warranty shall be bidder shall indicate below thei | e done at the r standard return |
| | goods polic | y. | | | | |
| Service Experience, Tir | ne in Business | , Contracts | | | | |
| List the Length of Time Business. A bidder mus of business for at least equipment, supplies an performing the services | t have occupie one year with s d a trained sta | ed a bona fide place suitable | | | | |
| List the Description of Sinformation for three (3 or completed within the |) comparable c | ontracts on-going | | | | |
| Comparable Contract | | | | | | |
| List Name/Address of C | Comparable Co | ontract | | | | |
| List the Contact Persor | 1 | | | | | |
| List the Phone Number | | | | | | |
| List the Contact Persor | i¿s Email Addr | ess. | | | | |
| Required: Yes Mar | ndatory Respon | nseNo | | | | |

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Event ID Format Type Page 34301-0000010944 Event Round RFx Version **Event Name** 34301-Cribs for Kids Start Time Finish Time 03/04/2019 11:00:00 CST 03/20/2019 14:00:00 CDT

Event Currency: US **Bids allowed in other currency:** No **US** Dollar Bidder: **PUBLIC EVENT DETAILS**

Submit To: Health

Call for Shipping Information United States

Tara Roark

Contact: Phone: 615/532-1837 Tara.Roark@tn.gov Email:

| | iments | |
|---|--|--------------------------------|
| Associated Terms: | Service Experience, Time in Business - Contracts | |
| | A bidder must have occupied a bona fide place of business for at least one year with suitable eq | uipment, supplies a |
| | a trained staff capable of performing the services requested. A bidder must furnish satisfactory e successful completion of comparable contracts for at least three customers within the past two years. | evidence of ears and any other |
| | evidence required and requested in order to establish evidence of its ability to provide services in | n accordance with |
| | the terms and conditions and specifications. Enter the length of time in business and evidence of | of completion of |
| | three comparable contracts in the space provided below. | |
| | Failure to provide at least three comparable contract references with satisfactory quality of service | ce may result in |
| ase complete the att | the bid being considered non-responsive and cause for rejection of the bid. attached form, included with the | |
| rmation must be sub othly thereafter until ersity business partic | ness participation. This ubmitted with the bid document and til a reasonable level of ticipation is achieved. bu have completed this attached es". Yes | |
| Required: Yes Mar | andatory Response:Yes | |
| Response Comm | ments | |
| | | |
| bidder shall indicate | ate their standard warranty | |
| the Standard Warra | ranty Period | |
| Required: Yes Mar | andatory ResponseNo | |
| Response Comm | ments | |
| | | |
| | | |

Page

Туре

RFx

Bidder:

PUBLIC EVENT DETAILS

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Event ID Format

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| Separation Sep | | th for Shipping Information ed States |
|--|----------------------------|---|
| 34301-Cribs for Kids Start Time 03/04/2019 11:00:00 CST 03/20/2019 14:00:00 CDT | Contact: Tara Phone: 615/5 | Roark 532-1837 .Roark@tn.gov |
| Event Currency: US Dollar Bids allowed in other currency: No | | |
| Question UOM | Best Worst | Response |
| Please attach documentation that reflects you are registered with the Department of Revenue for sales and use tax, as stated in the Terms and Conditions. If you are exempt, please provide a copy of the communication from the Department of Revenue supporting this exemption. | | |
| For purposes of this registration requirement, the Department of Revenue may be contacted at: TN.Revenue@tn.gov. | | |
| A file attachment is required to satisfy this question. Your bid will need to be edited online to include attachment re Response Comments | esponses. | |
| Survey Monkey A link to the Central Procurement Office's surveying tool is available AT https://www.surveymonkey.com/s/CPOCustomerServiceSatisf actionSurvey. | | |
| We ask that you take a few short minutes to complete this survey. The purpose of this survey is to strengthen procurement processes of the Central Procurement Office (CPO) by capturing Vendor/Bidder assessments of, and actionable comments on, the process put in place by the Central Procurement Office. Your responses will remain anonymous, and will have no bearing or consideration in the awarding of this procurement. | | |
| Required: Yes Mandatory ResponseNo | | |
| Response Comments | | |
| | | |

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Event ID Format Type Page 34301-0000010944 Event Round RFx Version **Event Name** 34301-Cribs for Kids Start Time Finish Time 03/04/2019 11:00:00 CST 03/20/2019 14:00:00 CDT

Event Currency: US **Bids allowed in other currency:** No **US** Dollar Bidder: **PUBLIC EVENT DETAILS**

Submit To:

Health
Call for Shipping Information
United States

Tara Roark

Contact: Phone: 615/532-1837 Tara.Roark@tn.gov Email:

| e: 1 Item ID: 1000172715 Line Qty uired: Yes Reserve Price: No | : 15000. UOM: Each | | Bid Qty: 15000 |
|---|------------------------------|-------|--------------------------|
| cription: Crib, Portable with w/wheels and pad | | | |
| Question What is the unit price of this item? Required: Yes Mandatory Response: No | UOM Best | Worst | Response |
| Response Comments | | | |
| | | | |
| | : 15000. UOM : Each | | Bid Qty: 15000 |
| uired: Yes Reserve Price: No cription: Sheet, fitted, portable crib | | | |
| e: 2 Item ID: 1000172716 Line Qty uired: Yes Reserve Price: No cription: Sheet, fitted, portable crib Question What is the unit price of this item? | : 15000. UOM: Each UOM Best | Worst | Bid Qty: 15000 Response |

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Event Currency: US **Bids allowed in other currency:** No **US** Dollar

Bidder: **PUBLIC EVENT DETAILS**

Submit To:

Health
Call for Shipping Information
United States

Tara Roark

Contact: 615/532-1837 Tara.Roark@tn.gov Phone: Email:

| Bidder Informati | 0 | n |
|------------------|---|---|
|------------------|---|---|

| | | |
|-----------------|------------|-------|
| | | |
| Firm Name: | | |
| Name: | Signature: | Date: |
| Phone #: | Fax #: | |
| | | |
| Street Address: | | |
| City & State: | Zip Code: | |
| Email: | | |

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Bidder: **PUBLIC EVENT DETAILS**

Submit To: Health

Call for Shipping Information

United States

Contact: Tara Roark 615/532-1837 Phone: Email: Tara.Roark@tn.gov

Appendix A - Line Specifications
Line: 1 | Item ID: | 1000172715 | Line Qty: | 15000 |

15000 **UOM**: Each

Description: Crib, Portable with w/wheels and pad

Item Specifications

Manufacturer: **GRACO** Mfg Item ID: **CB-PNP**

Item Length: 0 Item Width: 0 **Item Volume:** 0 Item Weight: 0 Item Size:

Item Height: **Dimension UOM:** Volume UOM: Weight UOM:

Item Color:

Shipping Information

Schedule: Ship To: **DOH - PROCUREMENT**

Quantity: 15000 Due Date: 03/16/2019

Freight Terms:

Ship Via: Best Option Available

710 JAMES ROBERTSON PKWY

5TH FLOOR ANDREW JOHNSON TOWER TN DEPT OF HEALTH- PROCUREMENT

NASHVILLE TN 37243

United States

Line: 2 Item ID: 1000172716 Line Qty: 15000 **UOM**: Each

Description: Sheet, fitted, portable crib

Item Specifications

Manufacturer: **GRACO** Mfg Item ID: SH-CB-SSM

Item Length: Item Width: 0 Item Volume: Item Weight: Item Size:

Item Height: **Dimension UOM:** Volume UOM: Weight UOM: Item Color:

Shipping Information

Schedule:

Quantity: 15000 Due Date: 03/16/2019

Freight Terms:

Ship Via: Best Option Available

DOH - PROCUREMENT Ship To:

710 JAMES ROBERTSON PKWY

5TH FLOOR ANDREW JOHNSON TOWER TN DEPT OF HEALTH- PROCUREMENT

NASHVILLE TN 37243

United States

PeopleSoft Strategic Sourcing

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Contact:

Call for Shipping Information

United States Tara Roark

Phone: 615/532-1837 Email: Tara.Roark@tn.gov

Appendix B - Terms & Conditions

 The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that the information given above is true, accurate, and includes pertinent information necessary to identify and explain the operation of this organization to the best of my knowledge and is in no way misleading.

2. Should any data change in the future, the Supplier agrees to immediately submit the correct information electronically through the State's Supplier Portal.

If the information will be submitted in writing please mail to the following address:

Department of Finance and Administration 312 Rosa L. Parks Ave. 21st Floor Tennessee Tower ATTN: Supplier Maintenance Nashville, TN 37243

3. No person on the grounds of handicap or disability, age, race, color, religion, sex, national origin, creed, or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of the Contract or in the employment practices of the Contractor. The Contractor shall, upon request, show proof of such non-discrimination, and shall post in conspicuous places, available to employees and applicants, notices of non-discrimination.

Last Updated: 08/30/2016